CHLAMYDIA/GONORRHEA CASE REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 61114 (8-2016)

The North Dakota Department of Health (NDDoH) Division of Disease Control requires the following information to be reported on all chlamydia or gonorrhea cases. Please indicate which disease you are reporting (can be both):

Diagnosis Information

Reportable Condition: ☐ Chlamydia ☐ Gonorrhea	
Diagnosing HealthCare Provider:	
Facility:	*Telephone Number:*
Specimen Source: ☐ Urine ☐ Cervix ☐ Rectum ☐ Pharyngeal	*Specimen Collection Date:*
Testing Laboratory:	

Required Patient Demographic Information

First Name:	*Last Name:*	*Date of Birth:*	
Street Address:	*City:*	*State:*	*ZIP Code:*
Gender : ☐ Male ☐ Female	*Telephone Number:*		
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Refused		*Ethnicity:* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Refused	
Pregnancy Status: ☐ Not Pregnant ☐ Pregnant ☐ NA		If Pregnant, Due Date:	
Was case tested for HIV? ☐ Yes ☐ No	If Yes: Collection Date:	Result: ☐ Positive ☐ Negative	

Clinical History

Reason Test Conducted: ☐ Infection ☐ Screen ☐ Partner Referral		
Were symptoms noted? ☐ Yes ☐ No	*If Yes, onset date:*	*Please note symptoms:*
Was PID diagnosed? ☐ Yes ☐ No		

Treatment Information

Was treatment given for this infection? ☐ Yes ☐ No	
Chlamydia: ☐ 1g Azithromycin ☐ 100mg Doxycycline BID x 7 days	***Gonorrhea:*** ☐ 250mg IM Ceftriaxone & 1g Azithromycin ☐ 400mg Cefixime & 1g Azithromycin
Alternate therapy?	*Were both doses observed?* ☐ Yes ☐ No

Did the patient have or ever had any of the following Risk Factors?

Is the patient resident/staff of correctional facility?	☐ Yes ☐ No
Has patient used intravenous/injection drugs?	☐ Yes ☐ No
Has patient used non-injection drugs?	☐ Yes ☐ No
Has the patient had sex while high/intoxicated?	☐ Yes ☐ No
Has the patient had sex with an injection drug user?	☐ Yes ☐ No
Has the patient traded sex for drugs or money?	☐ Yes ☐ No
Has the patient had sex with an anonymous sex partner?	☐ Yes ☐ No
Has the patient ever met sexual partners on the internet?	☐ Yes ☐ No
Total number of sex partners in last 12 months:	
Number of Female Partners	
Number of Male Partners	
How frequently does the patient use condoms during sex?	☐ Always ☐ Not that Often ☐ Never ☐ Most of Time

Sex Partner History *Obtain Partner History for 90 days prior to diagnosis.*

Partner Name:		*Date of Birth or Approximate Age:*	
Address:	*City:*	*State:*	*Telephone Number:*
Date of First Exposure:		*Frequency of Exposure:*	
Date of Last Exposure:		***Note for Exposure Dates:*** *Include approximate dates if exact date unknown.*	
Was this partner contacted and referred for testing? ☐ Yes ☐ No		*Was partner treated?* ☐ Yes ☐ No	
Was this partner tested? ☐ Yes ☐ No		*Was partner treated via EPT?* ☐ Yes ☐ No	
Partner Specimen Collection Date:		*Partner Treatment Type:*	
Partner Results:		*Partner Treatment Date:*	

Partner Name:		*Date of Birth or Approximate Age:*	
Address:	*City:*	*State:*	*Telephone Number:*
Date of First Exposure:		*Frequency of Exposure:*	
Date of Last Exposure:		***Note for Exposure Dates:*** *Include approximate dates if exact date unknown.*	
Was this partner contacted and referred for testing? ☐ Yes ☐ No		*Was partner treated?* ☐ Yes ☐ No	
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Partner Specimen Collection Date:		*Partner Treatment Type:*	
Partner Results:		*Partner Treatment Date:*	

Partner Name:		*Date of Birth or Approximate Age:*	
Address:	*City:*	*State:*	*Telephone Number:*
Date of First Exposure:		*Frequency of Exposure:*	
Date of Last Exposure:		**Note for Exposure Dates:** *Include approximate dates if exact date unknown.*	
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Partner Results:		*Partner Treatment Date:*	

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Partner Results:		*Partner Treatment Date:*	

Please Fax Completed Forms to 701.328.0355 . Questions Contact NDDoH at 701.328.2378.

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